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Kansas
Department of Health & Environment

Robert Moser, MD, Secretary
Sam Brownback, Governor

To General & Special Hospitals and Critical Access Hospitals:

In 2009 Health and Human Services (HHS) introduced a nationwide effort to reduce health care associated infections in stand-alone or same-day surgical centers (i.e. ambulatory surgery centers). The first effort began with 12 states and was administered by the Centers for Medicare & Medicaid Services (CMS). Kansas was one of these states.

Keeping patients healthy was one of the requirements and the first 12 states that volunteered to focus attention on these surgical centers took a giant step in helping to reduce infections that affect millions of patients every year. CMS's effort with states to reduce the number of infections quickly was just one part of protecting the health of the nation's health care system. In Kansas we have viewed this as a very positive step in providing a safe environment for patients seeking care in ambulatory surgery centers (ASC).

Given the success of our efforts in Kansas with ambulatory surgery centers the Bureau of Child Care & Health Facilities in the Kansas Department of Health and Environment is making a similar tool available to General and Special Hospitals as well as Critical Access Hospitals (CAH) to monitor their current practices. The tool does not introduce any new requirements or even mandate its use. **It is purely voluntary at this time.** It is being provided to medical facilities to use as they deem appropriate to better monitor hospital acquired infections and how to mitigate those issues.

Hopefully its use will assist Kansas Medical Facilities to be better prepared for surveys by their accrediting organizations or the state survey agency in addition to identifying practices they could correct on the spot for the betterment of their patients.

The site for the **"Hospital Infection Control Worksheet"** or the **"Critical Access Hospital Infection Control Worksheet"** can be found on the agencies web site at:

http://www.kdheks.gov/bhfr/state_ach_licensure_forms.html

Any facility opting to use this form is encouraged to contact the State Director, Medical Facilities and Support for input as to how we might improve the forms. Your constructive criticism is certainly welcome. Also, the use of this document will not be something you will need to share with the state unless you opt to do so. It is strictly provided to you for your use and benefit.

Sincerely

Charles Moore

Charles Moore
Director Medical Facilities and Survey Support
Bureau of Child Care & Health Facilities

KANSAS Hospital Worksheet

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the infection control Condition of Participation (COP). Items are to be assessed primarily by surveyor observation, with interviews used to provide additional confirming evidence of observations. In some cases information gained from interviews may provide sufficient evidence to support a deficiency citation.

The interviews and observations should be performed with the most appropriate staff person(s) for the items of interest (*e.g.*, the staff person responsible for sterilization should answer the sterilization questions).

A minimum of one surgical procedure must be observed during the site visit, unless the hospital is a low volume hospital with no procedures scheduled during the site visit. The surveyor(s) must identify at least one patient and follow that case from registration to discharge to observe pertinent practices. For facilities that perform brief procedures, e.g., colonoscopies, it is preferable to follow at least two cases.

When performing interviews and observations, any single instance of a breach in infection control would constitute a breach for that practice.

Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on the Form CMS-2567 when deficient practices are observed.

PART 1 – GENERAL HOSPITAL CHARACTERISTICS

1. Hospital Name **(please print)** _____

2. Address, State and Zip Code **(please print)**
_____ Address
_____ City State Zip

3. Federal ID # 1 7 | | | | |

4. What year did the hospital open for operation? | | | | | (y y y y)

5. Please list date(s) of site visit: | | / | | / | | | | (m m / d d / y y y y) to | | / | | / | | | | (m m / d d / y y y y)

6. What was the date of the most recent previous federal (CMS) survey: | | / | | / | | | | (m m / d d / y y y y)

PLEASE COMPLETELY FILL IN EACH BUBBLE USING A DARK PEN.

7. Does the hospital participate in Medicare via accredited "deemed" status? O YES O NO

7a. If YES, by which CMS-recognized organization? (Check only ONE):
- O The Joint Commission (TJC)
- O Det Norske Veritas Healthcare (DNV)
- O Heathcare Facilities Accreditation Program (HFAP)

7b. If YES, what was the date of the most recent accreditation survey? | | / | | / | | | | (m m / d d / y y y y)

8. What is the ownership of the facility?

- O Physician-owned
- O National corporation (including joint ventures with physicians)
- O Other (please print): _____

9. What is the primary procedure performed at the hospital (i.e., what procedure type reflects the majority of procedures performed at the hospital)? **(Fill in only ONE bubble)**

- O Dental
- O Endoscopy
- O Ear/Nose/Throat
- O OB/Gyn
- O Ophthalmologic
- O Orthopedic
- O Pain
- O Plastic/reconstructive
- O Podiatry
- O Other (please print): _____

10. What additional procedures are performed at the hospital? **(Fill in all that apply)**
Do not include the procedure type indicated in question 9.

- O Dental
- O Endoscopy
- O Ear/Nose/Throat
- O OB/Gyn
- O Ophthalmologic
- O Orthopedic
- O Pain
- O Plastic/reconstructive
- O Podiatry
- O Other (please print): _____

11. Who does the hospital perform procedures on? **(Fill in only ONE bubble)**

- O Pediatric patients only
- O Adult patients only
- O Both pediatric and adult patients

12. What is the average number of procedures performed at the hospital **per month?**

						per month

13. How many Operating Rooms (including procedure rooms) does the hospital have?

O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9+

Number actively maintained:

O 1	O 2	O 3	O 4	O 5	O 6	O 7	O 8	O 9+

14. Please indicate how the following services are provided: **(fill in all that apply)**

	Contract	Employee	Other	If Other, Please print:
Anesthesia	O	O	O	
Environmental Cleaning	O	O	O	
Linen	O	O	O	
Nursing	O	O	O	
Pharmacy	O	O	O	
Sterilization/Reprocessing	O	O	O	
Waste Management	O	O	O	

INFECTION CONTROL PROGRAM

15. Does the hospital have an explicit infection control program? O YES O NO

NOTE! If the hospital does not have an explicit infection control program, a condition-level deficiency related to 42 CFR 482.42 must be cited.

16. Does the hospital's infection control program follow nationally recognized infection control guidelines?
O YES
O NO

NOTE! If the hospital does not follow nationally recognized infection control guidelines, a deficiency related to 42 CFR 482.42 must be cited. Depending on the scope of the lack of compliance with national guidelines, a condition-level citation may also be appropriate.

16a. Is there documentation that the hospital considered and selected nationally-recognized infection control guidelines for its program?
O YES
O NO

16b. Which nationally-recognized infection control guidelines has the hospital selected for its program? **(Fill in all that apply)**

O CDC/HICPAC Guidelines
O Centers for Disease Control & Prevention (CDC)
O Assoc. for Professionals in Infection Control & Epi (APIC)
O Assoc. of peri Operative Registered Nurses (AORN)
O Guidelines issued by a specialty surgical society / organization (List)

Please specify (please print and limit to the space provided):

O Others

Please specify (please print and limit to the space provided):

NOTE! If the Hospital cannot document that it considered and selected specific guidelines for use in its infection control program, a deficiency related to 42 CFR 482.42 must be cited. This is the case even if the hospitals infection control practices comply with generally accepted standards of practice/national guidelines. If the hospitals neither selected any nationally recognized guidelines nor complies with generally accepted infection control standards of practice, then the hospitals should be cited for a condition-level deficiency related to 42 CFR 482.42.

17. Does the hospital have a person(s) designated as infection control officer to develop & implement policies governing control of infections & communicable disease?

O YES
O NO

NOTE! If the hospital cannot document that it has designated a qualified professional with training (not necessarily certification) in infection control to direct its infection control program, a deficiency related to 42 CFR 482.42(a) must be cited. Lack of a designated professional responsible for infection control should be considered for citation of a condition-level deficiency related to 42 CFR 482.42.

17a. If YES, Is this person an:
(Fill in only ONE bubble)

O Employee
O Contractor

17b. Is this person certified in infection control (i.e., CIC) (Note: §482.42(a) does not require that the individual be certified in infection control.)

O YES
O NO

17c. If this person is NOT certified in infection control, what type of infection control training has this person received?

17d. On average, how many hours per week does this person spend in the hospital directing the infection control program? [ ][ ] hours per week

(Note: §482.42(a) does not specify the amount of time the person must spend in the hospital directing the infection control program, but it is expected that the designated individual spends sufficient time on-site directing the program, taking into consideration the size of the hospitals and the volume of patient activity.)

18. Does the hospital have a system to actively identify infections that may have been related to procedures performed at the hospital?

O YES
O NO

18a. If YES, how does the hospital obtain this information?
(Fill in ALL that apply)

O The hospital sends e-mails to patients after discharge
O The hospital follows-up with their patients' primary care providers after discharge
O The hospital relies on the physician performing the procedure to obtain this information at a follow-up visit after discharge, and report it to the hospital
O Other (please print):

18b. Is there supporting documentation confirming this tracking activity?

O YES
O NO

NOTE! If the hospital does not have an identification system, a deficiency related to 42 CFR 482.42 must be cited.

18c. Does the hospital have a policy/procedure in place to comply with State notifiable disease reporting requirements?

O YES
O NO

NOTE! If the hospital does not have a reporting system, a deficiency must be cited related to 42 CFR 482.42(a)(1). CMS does not specify the means for reporting; generally this would be done by the State health agency.

19. Do staff members receive infection control training?

- O YES
- O NO

19a. If YES, how do they receive infection control training? (Fill in all that apply)

- O In-service
- O Computer-based training
- O Other (please print): [ ]

19b. Which staff members receive infection control training? **(Fill in all that apply)**

- O Medical staff
- O Nursing staff
- O Other staff providing direct patient care
- O Staff responsible for on-site sterilization/high-level disinfection
- O Cleaning staff
- O Other (please print): [ ]

19c. Is training:

- O the same for all categories of staff
- O different for different categories of staff

19d. Indicate frequency of staff infection control training (Fill in all that apply)

- O Upon hire
- O Annually
- O Periodically / as needed
- O Other (please print): [ ]

19e. Is there documentation confirming that training is provided to all categories of staff listed above?

- O YES
- O NO

NOTE! If training is not provided to appropriate staff upon hire/granting of privileges, with some refresher training thereafter, a deficiency must by cited in relation to 42 CFR 482.42. If training is completely absent, then consideration should be given to condition-level citation in relation to 42 CFR 482.42, particularly when the hospital's practices fail to comply with infection control standards of practice.

20. How many procedures were observed during the site visit?

O	O	O	O	O
1	2	3	4	Other

If other, please print the number: [ ][ ] procedures

PART 2 – INFECTION CONTROL & RELATED PRACTICES

INSTRUCTIONS:

- Please **completely fill in ONE bubble** for each "Was Practice Performed?" and "Manner of Confirmation" question, unless otherwise noted.
- **Please use a dark pen to fully fill in each bubble.**
- Unless otherwise indicated, a "No" response to any question below **must** be cited as a deficient practice in relation to 42 CFR 482.42.
- If N/A is response, please explain why there is no associated observation, or why the question is not applicable, in the COMMENTS box at the end of each section.

I. Hand Hygiene

Observations are to focus on staff directly involved in patient are (e.g., physicians, nurses, CRNAs, etc.). Hand hygiene should be observed not only during the case being followed, but also while making other observations in the hospital throughout the survey. Interviews are used primarily to provide additional evidence for what the surveyor hospital has observed, but may in some cases substitute for direct observation to support a citation of deficient practice.

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
A. All patient care areas have: Note: 42 CFR 482.42 should be cited only if the answer to both a and b is "No."		
a. Soap and water available	○ Yes ○ No	○ Observation ○ Interview ○ Both
b. Alcohol-based hand rubs available	○ Yes ○ No	○ Observation ○ Interview ○ Both
c. If alcohol-based hand rub is available in patient care areas, it is installed as required.	○ Yes ○ No ○ NA	
B. Staff perform hand hygiene:		
a. After removing gloves	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
b. After direct patient contact	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
c. Before performing invasive procedures (e.g., placing an IV)	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
d. After contact with blood, body fluids, or contaminated surfaces (even if gloves are worn)	O Yes O No O N/A	O Observation O Interview O Both
C. Regarding gloves, staff:		
a. Wear gloves for procedures that might involve contact with blood or body fluids	O Yes O No O N/A	O Observation O Interview O Both
b. Wear gloves when handling potentially contaminated patient equipment	O Yes O No O N/A	O Observation O Interview O Both
c. Remove gloves before moving to the next tasks and/or patient	O Yes O No O N/A	O Observation O Interview O Both
D. Additional breaches in hand hygiene, not captured by the questions above, were identified (If YES, please specify further in comments)	O Yes O No O N/A	O Observation O Interview O Both

Comments: **(please print and limit comments to the space provided)**	

II. Injection Practices (Injectable medications, saline, other infusates)
Observations are to be made of staff who prepare and administer medications and perform injections (e.g., anesthesiologists, certified registered nurse anesthetists, nurses).

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
A. Needles are used for only one patient	O Yes O No O N/A	O Observation O Interview O Both
B. Syringes are used for only one patient	O Yes O No O N/A	O Observation O Interview O Both

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
C. Medication vials are always entered with a new needle	O Yes O No O N/A	O Observation O Interview O Both
D. Medication vials are always entered with a new syringe	O Yes O No O N/A	O Observation O Interview O Both
E. Medications that are pre-drawn are labeled with the time of draw, initials of the person drawing, medication name, strength and expiration date or time	O Yes O No O N/A	O Observation O Interview O Both

Note: A "No" answer should result in citation as a deficient practice in relation to 42 CFR 482.23(c)(4), Administration of Drugs

F.	a. Single dose (single-use) medication vials are used for only one patient (A "No" response must be cited in relation to 42 CFR 482.23(c)(4).	O Yes O No O N/A	O Observation O Interview O Both
	b. Manufactured prefilled syringes are used for only one patient	O Yes O No O N/A	O Observation O Interview O Both
	c. Bags of IV solutions are used for only one patient	O Yes O No O N/A	O Observation O Interview O Both
	d. Medication administration tubing and connectors are used for only one patient	O Yes O No O N/A	O Observation O Interview O Both

G. Please print all injectable medications/infusates that are in a vial/container used for more than one patient:

Name of Medication	Average number of patients per vial/container

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
H. Multi-dose injectable medications are used for only one patient	O Yes O No O N/A	O Observation O Interview O Both

(Note: a "No" answer here is not necessarily a breach in infection control and does not result in a citation. However, a "No" response to the related questions I - K should be cited).

(Fill in N/A if no multi-dose medications/infusates are used).

If YES, please skip to "L"

If NO, please answer "I-K":

I. The rubber septum on a multi-dose vial **used for more than one patient** is disinfected with alcohol prior to each entry	O Yes O No O N/A	O Observation O Interview O Both
J. Multi-dose medications **used for more than one patient** are dated when they are first opened and are discarded within 28 days of opening or according to manufacturer's recommendations, whichever comes first	O Yes O No O N/A	O Observation O Interview O Both
K. Multi-dose medications, **used for more than one patient**, are not stored or accessed in the immediate areas where direct patient contact occurs	O Yes O No O N/A	O Observation O Interview O Both
L. All sharps are disposed of in a puncture-resistant sharps container	O Yes O No O N/A	O Observation O Interview O Both
M. Sharps containers are replaced when the fill line is reached	O Yes O No O N/A	O Observation O Interview O Both
N. Additional breaches in injection practices, not captured by the questions above were identified (If YES, please specify further in comments)	O Yes O No O N/A	O Observation O Interview O Both

Comments: **(please print and limit comments to the space provided)**	

III. Single Use Devices, Sterilization, and High Level Disinfection

Pre-cleaning must always be performed prior to sterilization and high-level disinfection

Sterilization must be performed for critical equipment (i.e., instruments and equipment that enter normally sterile tissue or the vascular system, such as surgical instruments)

High-level disinfection must be performed for semi-critical equipment (i.e., items that come into contact with non-intact skin or mucous membranes such as reusable flexible endoscopes, laryngoscope blades)

Observations are to be made of staff who perform equipment reprocessing (e.g., surgical techs), unless these activities are performed under contract or arrangement off-site from the hospitals.

SINGLE-USE DEVICES

(Choose N/A if single-use devices are never reprocessed and used again)
(Surveyor to confirm there is a contract or other documentation of an arrangement with a reprocessing facility by viewing it)

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
A. a. If single-use devices are reprocessed, they are devices that are approved by the FDA for reprocessing	O Yes O No O N/A	O Observation O Interview O Both
b. If single-use devices are reprocessed, they are reprocessed by an FDA-approved reprocessor.	O Yes O No O N/A	O Observation O Interview O Both

STERILIZATION

A. Critical equipment is sterilized	O Yes O No O N/A	O Observation O Interview O Both
B. Are sterilization procedures performed on-site? **(If N/A, skip to "F")**	O Yes O No O N/A	O Observation O Interview O Both

Must be cited in relationship to COP 42 CFR 482.51.

a. **If YES to B**, please indicate method of sterilization:	O Steam autoclave O Peracetic acid O Other (please print):	
C. Items are pre-cleaned according to manufacturer's instructions or evidence-based guidelines prior to sterilization	O Yes O No O N/A	O Observation O Interview O Both

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
D. a. Medical devices and instruments are visually inspected for residual soil and re-cleaned as needed before packaging and sterilization	O Yes O No O N/A	O Observation O Interview O Both
b. A chemical indicator is placed in each load	O Yes O No O N/A	O Observation O Interview O Both
c. A biologic indicator is performed at least weekly and with all implantable loads	O Yes O No O N/A	O Observation O Interview O Both
d. Each load is monitored with mechanical indicators (e.g. time, temperature, pressure)	O Yes O No O N/A	O Observation O Interview O Both
e. Documentation for each piece of sterilization equipment is maintained and up to date and includes results from each load	O Yes O No O N/A	O Observation O Interview O Both
E. Items are appropriately contained and handled during the sterilization process to assure that sterility is not compromised prior to use	O Yes O No O N/A	O Observation O Interview O Both
F. After sterilization, medical devices and instruments are stored in a designated clean area so that sterility is not compromised	O Yes O No O N/A	O Observation O Interview O Both
G. Sterile packages are inspected for integrity and compromised packages are reprocessed	O Yes O No O N/A	O Observation O Interview O Both
H. Additional breaches in sterilization practices not captured by the questions above were identified (If YES, please specify further in comments)	O Yes O No O N/A	O Observation O Interview O Both

Comments: **(please print and limit comments to the space provided)**	

HIGH-LEVEL DISINFECTION

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
A. Semi-critical equipment is high-level disinfected or sterilized	O Yes O No O N/A	O Observation O Interview O Both
B. Is high-level disinfection performed on site? **(If N/A, Skip to "F")**	O Yes O No O N/A	O Observation O Interview O Both

Must be cited in relationship to COP 42 CFR 482.51.

(Surveyor to confirm there is a contract or other documentation of an arrangement for off-site sterilization by viewing it)

a. **If answer to B was YES,** please indicate method of high-level disinfection:	O Manual O Automated O Other (please print):	

C. Items are pre-cleaned according to manufacturer's instructions or evidence-based guidelines prior to high-level disinfection	O Yes O No O N/A	O Observation O Interview O Both
D. a. Medical devices and instruments are visually inspected for residual soil and re-cleaned as needed before high-level disinfection	O Yes O No O N/A	O Observation O Interview O Both
b. High-level disinfection equipment is maintained according to manufacturer instructions	O Yes O No O N/A	O Observation O Interview O Both
c. Chemicals used for high-level disinfection are:		
I. Prepared according to manufacturer instructions	O Yes O No O N/A	O Observation O Interview O Both
II. Tested for appropriate concentration according to manufacturer's instructions	O Yes O No O N/A	O Observation O Interview O Both
III. Replaced according to manufacturer's instructions	O Yes O No O N/A	O Observation O Interview O Both

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
IV. Documented to have been prepared and replaced according to manufacturer's instructions	O Yes O No O N/A	O Observation O Interview O Both
d. Instruments requiring high-level disinfection are:		
I. Disinfected for the appropriate length of time as specified by manufacturer's instructions or evidence-based guidelines	O Yes O No O N/A	O Observation O Interview O Both
II. Disinfected at the appropriate temperature as specified by manufacturer's instructions on evidence-based guidelines	O Yes O No O N/A	O Observation O Interview O Both
E. Items that undergo high-level disinfection are allowed to dry before use	O Yes O No O N/A	O Observation O Interview O Both
F. Following high-level disinfection, items are stored in a designated clean area in a manner to prevent contamination	O Yes O No O N/A	O Observation O Interview O Both
G. Additional breaches in high-level disinfection practices, not captured by the questions above were identified (If YES, please specify further in comments)	O Yes O No O N/A	O Observation O Interview O Both

Comments: **(please print and limit comments to the space provided)**	

IV. Environmental Infection Control

Observations are to be made of staff who perform environmental cleaning (e.g., surgical technicians, cleaning staff, etc.)

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
A. Operating rooms are cleaned and disinfected after each surgical or invasive procedure with an EPA-registered disinfectant	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
B. Operating rooms are terminally cleaned daily	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
C. High-touch surfaces in patient care areas are cleaned and disinfected with an EPA-registered disinfectant	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
D. The hospital has a procedure in place to decontaminate gross spills of blood	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
E. The Isolation Room(s) are cleaned according to policy and follow infection control guidelines.	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both
F. Additional breaches in environmental cleaning not captured by the questions above were identified (If YES, please specify further in comments)	○ Yes ○ No ○ N/A	○ Observation ○ Interview ○ Both

Comments: **(please print and limit comments to the space provided)**	

V. Point of Care Devices (e.g., blood glucose meter)

Observations are to be made of staff who perform fingerstick testing (e.g., nurses)

If N/A is filled in, please clarify why in the comments box below why it was not applicable or not observed.

Practices to be Assessed	Was Practice Performed?	Manner of Confirmation
1. Does the hospital have a blood glucose meter? **If NO, STOP HERE.**	O Yes O No O N/A	O Observation O Interview O Both
A. A new single-use, auto-disabling lancing device is used for each patient	O Yes O No O N/A	O Observation O Interview O Both
B. The glucose meter is not used on more than one patient unless the manufacturer's instructions indicate this is permissible	O Yes O No O N/A	O Observation O Interview O Both
C. The glucose meter is cleaned and disinfected after every use.	O Yes O No O N/A	O Observation O Interview O Both
D. Additional breaches in appropriate use of point of care devices (like glucose meters) not captured by the questions above were identified (If YES, please specify further in comments)	O Yes O No O N/A	O Observation O Interview O Both

Comments: **(please print and limit comments to the space provided)**	